

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028896

FILED
Apr 10, 2009
Secretary of State

Entity Name: PARTNERS FINANCIAL CORPORATION

Current Principal Place of Business:

3021 AIRPORT-PULLING ROAD NORTH
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8426
NAPLES, FL 34101

New Mailing Address:

FEI Number: 20-1566911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATOR & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WOLF, JACK
Address: 656 17TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: WHITE, DAVID
Address: 1936 COCOPLUM WAY
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: WATT, STEVEN
Address: 17066 PORTA VECCHIO WAY #202
City-St-Zip: NAPLES, FL 34110

Title: P () Delete
Name: SUDBROOK, ROBERT
Address: 10826 PHOENIX WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: SAAD, SAM J JR
Address: 1915 COCOPLUM WAY
City-St-Zip: NAPLES, FL 34105

Title: SVP () Delete
Name: LESLIE, HEATHER
Address: 6840 BEACH RESORT DR #7
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER M LESLIE

SVP

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date